附件

第二十一届国际络病学大会暨中华中医药学会络病分会换届选举会议参会回执

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| --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** |  | **职称** |  |
| **民族** |  | **年龄** |  | **电话** |  |
| **单位** |  | | | | |
| **地址** |  | | | **邮编** |  |
| **备注** |  | | | | |